2003 State EMS Symposium
Final Program
November 12 – 15, 2003
Anchorage, AK

(BLS/ALS, Instructor, Management, Injury Prevention and Clinical Tracks)
**** Please note: All classes will be held at the Egan Convention Center.**

Wednesday and Thursday November 12 & 13, 2003
8:00 am – 5:00 pm

Geriatrics Education for Emergency Medical Services (GEMS) *(ALS Track)*
Debby Hassel, MICP
Fairbanks, AK

The GEMS course is sponsored by the American Geriatrics Society and the National Council of State Emergency Medical Services Training Coordinators and is designed to meet the minimum standards related to the geriatric portion of the US Department of Transportation National Standard Curriculum for EMT-Basic, EMT-Intermediate, and Paramedic providers.

The proportion of the aged in society today is greater than ever before. Current indications are that approximately 34% of calls for emergency medical services or 3.4 million emergency responses involve patients over the age of 60. This population has specific medical needs that must be met and the GEMS course is designed to address all of those special needs. To ensure quality prehospital care of our older adults, prehospital providers must acquire the additional knowledge, skills, and attitudes that comprise the basic concepts of geriatric medicine, as well as the ability to care for older adults in an empathetic manner. The GEMS course content also addresses the geriatric objectives as identified in the National Highway Traffic Safety Administration (NHTSA) National Standard Curricula.

Objectives:

- Discuss aging in society today, including demographic trends.
- Discuss geriatrics, gerontology, and the historical view of aging.
- Demonstrate sensitivity to the negative stereotyping of older people and be able to educate others about stereotyping.
- Describe cultural differences in older people (ethnogeriatrics), particularly as they relate to the provision of medical care.
- Define the factors that cause older people to be a risk for increased medical care.
- Identify the general decline in organ systems in older people.
- List the major diseases and disorders common to older people.
- Define normal psychological changes affecting older people.
- Discuss and recognize communication challenges in the older person, including visual, hearing, and speech.
- Describe principles that should be employed when assessing and communicating with an older patient.
- Discuss do not resuscitate (DNR) orders, living wills, and other legal considerations as they relate to the care of the older patient.
- Describe normal and abnormal findings in assessment of older patients.
- Discuss the importance of compassion when working with older patients.
- Define elder abuse and neglect and discuss their incidence.
- Discuss physiological changes in older people with regard to the effects of medication on the body in terms of drug distribution, metabolism, and excretion.

All presentations will be held at the Egan Convention Center. See schedule in the back of the program for room assignments.

Incident Command System for Emergency Medical Services (ICS for EMS)

(Management Track)

Tom Wells
Anchorage, AK

In this course, students will be introduced to the concepts of EMS-specific incident command through lecture and guided discussion. They will use scenarios, case studies, graphics, audiovisuals and role-play to demonstrate understanding of the concepts.

Objectives:

- Identify the need for an organized approach to management of emergency medical incidents.
- Describe the Incident Command System (ICS) and its major components.
- Describe the responsibilities and functions of the Incident Commander (IC) at all EMS incidents.
- Describe the communication order model and its purpose.
- Describe responsibilities and functions of division/group supervisor and other command team members.
- Describe the transfer-of-command process.
- Describe responsibilities and functions of branch directors.
- Describe the responsibilities of the four section chiefs.
- Describe the purpose and use of progress reporting.
- Design a command organization for a mass casualty incident (MCI) multi-agency emergency response.
- Demonstrate competencies required to operate within an ICS structure at any type of emergency incident or training evolution.
- Describe the communications system necessary for an effective ICS structure.
- Describe the interpersonal skills required to be an effective command officer.
- Describe the safety strategies of ICS.
- Describe the steps required for the ICS demobilization process.

Activity Objectives:

- Given a scenario, and working in small groups, prepare a list of concerns about incident and resource management.
- Given a precourse self-learning package, and working individually, complete a multiple-choice test.
- Given a command function, and working in small groups, identify the responsibilities and procedures appropriate for the position.
- Given a simulated community resource description, a written EMS scenario, and working individually, develop an organizational chart for incident management.
- Given an audiotaped EMS incident, and working in small groups, prepare a list of concerns about the radio communications.
- Given a videotaped EMS incident, analyze the incident depicted on the tape for organization, communications, and use of resources.
- Given an audiotaped EMS incident and sample tactical worksheets, and working in small groups, profile the resources responding to the incident.
- Given a simulated community resource description and an expanded, written EMS incident scenario, and working in small groups, prepare organizational charts, resource lists, and a description of problems.
- Given a simulated community resource description and an escalated written EMS incident scenario, and working in small groups, prepare organizational charts, resource lists, and a description of potential problems.
- Given a simulated community resource description and an escalated written EMS incident scenario, and working in small groups, develop a demobilization plan.

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- Given an ICS unit designation, and working in small groups, correctly identify at least three key factors affecting that sector.

Pediatric Disaster Life Support Course *(Clinical and Prehospital Track)*

Richard V. Aghababian, MD, FACEP, Course Director
Professor and Chair, Department of Emergency Medicine
Associate Dean for Continuing Education
University of Massachusetts Medical School

This program consists of interactive lecture and by "hands on" simulation, case presentations and skills teaching stations. Information is presented regarding triage, incident command, diagnosis, treatment and equipment needs, communication and transport of pediatric disaster patients. At the completion of the educational day there is an interactive exchange between faculty and participants and a summation of the main points of the day. A "Train the Trainers" component is included in order to develop a cadre of instructors to implement this program across the country.

Objectives:

- State general principles of pediatric disaster care: triage assessment, stabilization, and resuscitation.
- Identify basic principles of pediatric disaster management.
- Describe two methods of assisting children to cope with the psychological impact of disaster.
- List equipment needed for pediatric disaster.
- Perform a patient triage and initial stabilization of children in a disaster setting.
- Describe disaster mitigation.
- Demonstrate knowledge of pediatric disaster preparedness.
- Identify specific patterns of injury to children involved in a disaster.
- Describe how to set up a pediatric disaster drill.

Thursday November 13, 2003
8:00 am – 3:00 pm

Advanced Hazmat Life Support (AHLS) *(Clinical and Prehospital Track)*

Zane Horowitz, MD
Robert Hendrickson, MD
Oregon Poison Center
Portland, OR

This five-hour course prepared by the University of Arizona Advanced HAZMAT Life Support group, and presented by faculty from the Alaska Poison Control System and the Oregon Health & Science University will cover several of the Class A threats of terrorism. Chemical weapons covered include the organophosphates, the nerve gases, cyanide, and acids. Biological agents discussed include anthrax, plague, botulism, and smallpox. Nuclear threats will discuss the mechanism of tissue destruction by nuclear materials and the key nuclear related syndromes which could occur with a dirty bomb event.

Objectives:

- Demonstrate rapid assessment of toxic terrorism patients.

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- Describe toxic syndromes (toxidromes).
- Demonstrate ability to medically manage toxic terrorism patients.
- Apply the poisoning treatment paradigm.
- Identify and administer specific antidotes, antibiotics, and vaccines for toxic terrorism patients.

Thursday November 13, 2003
8:00 am – 5:00 pm

EMS Management at Large Events and WMD *(Management Track)*
Jeff Dyar
National Fire Academy, MD

This 8-hour session will review EMS responses at the largest incidents in recent history, including 9/11 events, high school and mass casualty events. The four critical areas of large event management will be discussed with emphasis on using them effectively. A review of the Federal Response Plan and how it affects any large event will be covered. The Incident Command System (ICS) will be explained and the EMS elements of ICS will be explored. This session is intended for anyone that has management responsibility for large events or may faces with this challenge in the future.

Objectives:

- List the four critical areas of EMS management of large events and terrorism responses.
- Identify the important parts of the Federal Response Plan (National Response Plan).
- Identify the EMS elements of the Incident Command System.

Thursday November 13, 2003
8:00 am – 12:00 pm

Working as a Team *(BLS/ALS Track)*
Wilma Vinton, EMT-III
Suzan Zehner,
Fairbanks, AK

As EMT's we learn how to deal with every EMS situation, from start to finish, with skill and professionalism on our own. What we don't spend much time on in our initial training is how to mesh our skills with another highly trained EMT on scene so that we can, in concert, efficiently and effectively care for our patient. This course focuses on teaching you an organized way to work as an effective team, whether it is the first or the 100th time you have worked with your partner(s). The program involves hands-on practice with scenarios.

Objectives:

- Discuss the importance of “working as a team”.
- Describe how you and your partner(s) can function as an organized team.
- Demonstrate, through scenarios, how to effectively work as a team.

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Tribal Injury Prevention Activities – Methods Used, Lessons Learned *(Injury Prevention Track)*

Indian Health Services Injury Prevention Specialists

Session 1: A community-based program to improve firearm storage practices in rural Alaska. Ward Jones, Bristol Bay Area Health Corporation

Objectives:

- To understand the public health impact of firearm injuries among Alaska Natives in Western Alaska.
- To compare the effectiveness of two different interventions to increase the safe firearm storage.
- To understand how this project was implemented and evaluated and what the implications are for reducing firearm related injuries in Alaska.

Session 2: A community-based project for increasing helmet use among children. Tom Fazzini, Yukon Kuskokwim Health Corporation

Objectives:

- To understand the public health impact of off-road motor vehicle injuries among Alaska Natives in the YK delta.
- To understand the methods used by one community to increase helmet use among children.
- To understand the effectiveness of a community based intervention in altering levels of safety awareness among children and adults.

Session 3: Drowning prevention in the Northwest Arctic. Tricia Trull, Maniilaq Association

Objectives:

- To understand the public health impact of drowning in Alaska.
- To compare two interventions for increasing personal flotation device use among Alaska Native children.
- To understand the effectiveness of these projects in increasing personal flotation device use.

Session 4: Two models for building public health capacity at the community level: the Kodiak and Sitka injury prevention projects.

Objectives:

- To learn about the efforts of two Alaska Native Tribal Health Organizations in increasing injury prevention capacity at the community level.
- To understand the basic components to a successful community-based injury prevention coalition.
- To learn how about the challenges involved in maintaining community-based coalitions.

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Thursday, November 13, 2003
1:30 pm – 5:00 pm

Basic Vehicle Operations *(BLS/ALS Track)*
Jeff Bayless
Anchorage, AK

This course will provide an overview of EMS driving, with a review of state and national issues. Risk management issues will be discussed, with tools offered to reduce department driving liability. Laws pertinent to Alaska will be reviewed. A variety of course designs will be offered.

Objectives:

- Identify the professional standards expected of emergency vehicle operators.
- Discuss various forms of driving courses available in the marketplace today.
- Discuss the predictable outcomes of providing initial and ongoing driver training.
- Identify pertinent state and local issues and laws regarding emergency vehicle operations.
- Discuss cultural factors that foster at-risk driving practices.
- Identify the role of a solid driver training program in decreasing liability.
- Analyze the processes of designing a driving skills program for a local area.

Injury Prevention in a Bag for EMS *(Injury Prevention Track)*
Zoann Murphy
Community Health and EMS
Juneau, AK

This presentation will increase awareness of the problem of child injuries in Alaska and demonstrate how EMS providers can promote injury prevention activities in their daily activities.

Objectives:

- Describe the problem of child injuries in Alaska.
- Identify if their EMS service is ready to implement an injury prevention program.
- List at least four injury prevention programs in Alaska, and the appropriate contact information for each program.
- Describe at least one 'teachable moment' for injury prevention.
- Identify, install, and use the safety devices provided in the program.

Friday, November 14, 2003
10:30 am – 12:00 pm
General Session

Is EMS Making the Right Difference
Jeff Dyar
National Fire Academy, MD

Each year billions of dollars are spent on rehabilitation and emergency treatment of trauma victims. The expectations of EMS are focused on crisis response and emergency care. This session will

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explore injury prevention that can be practiced by EMS that will improve lives and save money. This session will explore this new frontier for EMS.

Objectives:

- Recognize the difference between crisis management and prevention.
- Identify the 3 leading causes of death in the under 45 population.
- Recognize the high costs of rehabilitation.
- Identify preventive measure that can be utilized in EMS injury prevention.

Friday, November 14, 2003
1:30 pm – 5:00 pm

Airway Skills Lab
Brian Carriere, RN, EMT-P, CEN, CFRN
Anchorage, AK

The aim of this lab is to give you the opportunity to practice hands on patient assessment and airway management on an advanced patient simulator. Scenarios will be presented with a manikin that breaths, talks, and has difficult airway features. It is just like real life except you can't kill the patient. Our instructors are here to help guide you through the process. This lab is about 1 hour in length.

Objectives:

- Identify the signs and symptoms of a patient in respiratory failure.
- Demonstrate basic and advanced airway management techniques.
- Develop a simple yet effective strategy for managing the patient with difficult airway.

Friday, November 14, 2003
1:30 pm – 3:00 pm

"Stress Management for the Emergency Responder" (BLS/ALS Track)
Jeff Dyar
National Fire Academy, MD

This session will take a look at the stress that occurs in the life of the emergency responder. This session will take a light-hearted approach and involve the participants in "analyzing" their individual life and situations. Attend this session for current information on stress management and how to put stress into perspective in your life.

- Identify 5 stressors that you encounter in your life.
- Identify 5 stressors that you impose on others.
- Describe the unique nature of the "emergency response family" and the challenges in good communication practices.

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"I Can't Breathe" *(BLS/ALS Track)*
Dennis Edgerly
Denver, CO

Difficulty breathing calls can challenge the EMS professional's assessment and treatment abilities. This course will discuss the differential diagnosis for shortness of breath. Then we will discuss treatment.

Objectives:

- Review respiratory anatomy and physiology.
- Discuss the presentation of the following respiratory emergencies:
  - Asthma
  - Emphysema
  - CHF
  - Pneumonia
  - Myocardial infarction
  - Pulmonary embolism
  - Muscular skeletal
- Discuss the treatment of the following respiratory emergencies:
  - Asthma
  - Emphysema
  - CHF
  - Pneumonia
  - Myocardial infarction
  - Pulmonary embolism
  - Muscular skeletal

Orthopedic Emergencies Resulting from Excess Pressure *(BLS/ALS Track)*
William Mills, MD
Seattle, WA

A compartmental syndrome is an elevation in pressure within any fascial compartment that, unrelieved, can lead to irreversible muscle necrosis. This talk will distinguish between a compartmental syndrome and crush injury and briefly define the microvascular pathophysiology of compartmental syndrome. A variety of clinical scenarios will serve as the basis for outlining the diagnosis and treatment. Associated manifestations of muscle necrosis will be discussed as will the problems of delayed or missed diagnosis and ischemic contractures. Ample time will be provided for discussing the role for treatment in locations remote from definitive care.

Objectives:

- Define acute compartmental syndrome.
- Discuss the physiological changes within a fascial compartment leading to compartmental syndrome.
- Recognize the clinical signs of compartment syndrome.
- Understand the urgency for pressure relief and muscle preservation via fasciotomy.
- Recognize the consequences of delayed treatment of compartmental syndrome.

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LifeFlight of Maine – Building Health Care Infrastructure in Turbulent Times

(Management Track)

Norm Dinerman, MD
Bangor, ME

LifeFlight of Maine is more than a helicopter air-medical system for the state of Maine. Beginning in 1998, it was the culmination of a 10-year effort to introduce helicopter technology in the service of EMS operations to one of the most rural states in America. In the process, it experienced an opportunity to change the health care infrastructure of the state. While the addition of hospital helipads has been the most visible and symbolic alteration of the health care landscape, still more subtle changes are re-aligning the relationships between hospitals, and in the process, changing the practice of medicine. The flight program has also been used as a catalyst to provoke changes in the curriculum of middle school students, as it deputizes "agents of change" in the interest of injury prevention, and healthier lifestyles. This presentation will focus on the approach taken by the single rotary-wing flight program in the state, and learn of the initiatives undertaken, provoked and still to come in changing the health care infrastructure of rural America.

Objectives:

- Define the demographics which are conducive to the success of an air-medical program.
- Identify the political challenges to achieving start-up and maintenance. Discuss the evolution of the political challenges over time.
- Identify the benefits and liabilities of the redeployment staffing model.
- Using examples from the LifeFlight of Maine experience, identify opportunities to change the health care infrastructure in rural environs.
- Identify the funding sources for new initiatives, using public and private appeals.
- Identify the system performance, and operational consequences of designing a system as a physician prescriptive event.
- Discuss the cultural transformation which is required to achieve same.

(Injury Prevention Track)

Friday, November 14, 2003
3:30 pm – 5:00 pm

Scrambled Brains, Neuro Trauma *(BLS/ALS Track)*

Jeanne O'Brien, RN, NREMT-P
Tacoma, WA

Get an UNDERSTANDING about how increased intracranial pressure damages the brain, how to recognize it early and the latest treatment modalities straight from the Brain Trauma Foundation. Use science-based evidence to provide the best treatment for your acute brain injured patients.

- Identify major anatomical structures of the brain as well as their function.
- Describe signs and symptoms of increased intracranial pressure.
- Discuss treatment of ICP including reasons why hyperventilation is no longer recommended.

All presentations will be held at the Egan Convention Center. See schedule in the back of the program for room assignments.

"He's Not Going by UPS – Packaging Your Patient for Air Transport" *(BLS/ALS Track)*

Stacey Sever, RN
Anchorage, AK

This class will help you to rapidly package and prepare patients for air medical evacuation. Using case studies we will identify patients that need air evict and develop a plan for rapid yet thorough patient packaging. The key elements of EMS and Med Evac Crew interaction will be explored. Our goal is to help you get the patient to the hospital in the quickest safest way possible.

Objectives:

- Identify patients that require air medevac.
- List the essential elements of patient packaging.
- List the key elements of landing zone safety.
- Develop a rapid patient reporting method.
- Given various scenarios identify packaging and reporting priorities.

Update on Inhalant and Club Drugs *(BLS/ALS/Injury Prevention Track)*

Robert Hendrickson, MD
Portland, OR

Inhalant Drug Abuse and Club Drugs is a growing problem in Alaska as it is across the nation. This presentation will provide an overview of the medical effects of inhalants the club drugs and the commonly abused agents.

Objectives:

- Describe the medical effects of inhalants.
- List the drugs that are commonly used in the club and rave culture.
- Describe the medical effects of club (or rave) drugs.

Political Choreography in EMS – Leveraging Your Creativity and Surviving *(Management Track)*

Norm Dinerman, MD
Bangor, ME

Politics is an omnipresent force with which EMS providers must work, as we attempt to craft and manage our systems. Mastery does not come instinctively, nor easily to those of us who entered medicine for the satisfaction derived from direct patient care. Many opportunities for frustration and disappointment thus await the idealistic provider. Not uncommonly, careers are foreshortened, if not incinerated by the abrasive forces experienced in the political arena.

Clinicians who do appreciate the "leverage" which political skills can create, witness their ideas germinate, and their systems evolve. This discussion shares the experience of the speaker to identify a number of aspects of the EMS political topography, and a roadmap by which to navigate.

All presentations will be held at the Egan Convention Center. See schedule in the back of the program for room assignments.

Objectives:

- Identify the reasons for the inherent discomfort experienced by EMS providers when entering the political venue.
- Identify the fundamental political forces at work in the EMS world.
- Articulate a philosophy, perspective and bias with which to approach politically charged issues.
- Identify multiple principles of action to enable a principled and sustainable approach to political controversies.
- Identify a career path by which to leverage your creativity and inculcate your vision of a superior EMS system in colleagues, and citizens.

The Laws of Learning *(Instructor Track)*

Dennis Edgerly, NREMT-P
Denver, CO

So now you are the teacher. This class offers ideas and tips to help your students better understand information, help them with recall and help them become more proficient with their skills. We will discuss classroom structure, presentation development and skills practice.

Objectives:

- Discuss classroom set up.
- Discuss different adult learning styles.
- Discuss different presentation methods.

Saturday, November 15, 2003
8:30 am – 12:00 pm

Airway Skills Lab *(Repeat)*

Brian Carriere, RN, EMT-P, CEN, CFRN
Anchorage, AK

The aim of this lab is to give you the opportunity to practice hands on patient assessment and airway management on an advanced patient simulator. Scenarios will be presented with a manikin that breaths, talks, and has difficult airway features. It is just like real life except you can't kill the patient. Our instructors are here to help guide you through the process. This lab is about 1 hour in length.

Objectives:

- Identify the signs and symptoms of a patient in respiratory failure.
- Demonstrate basic and advanced airway management techniques.
- Develop a simple yet effective strategy for managing the patient with difficult airway.

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Saturday, November 15, 2003
8:30 am – 10:00 am

Red Flags for Patient Assessment *(BLS/ALS Track)*
Brian Carriere, RN, NREMT-P
Anchorage, AK
The aim of this lecture is teach the prehospital professional how to recognize the signs and symptoms that represent "RED Flags." This class will help you identify the situations that can kill you or your patient. Using case studies, we will teach you how to rapidly identify those subtle signs and symptoms that indicate a major problem and illustrate these Red Flags. These are the secrets the master field providers never told you about.

Objectives:

- Identify the "Red Flags" of scene size up.
- List the "Red Flags" in the primary survey and develop an immediate action plan.
- Identify the "Red Flags" chief complaints.
- Describe the process to use the patient assessment triangle to rapidly identify "Red Flags."

Splint or Limp – Wilderness Care of Extremity Injuries. *(BLS/ALS Track)*
Rob Janik, MICP
Sitka, AK

Splint or Limp will introduce participants to assessment and management of extremity trauma when hospital level care is greater than 2 hours away. Injury evaluation, stable verses unstable injury classification, appropriate splinting, reduction of simple dislocations and evacuation planning will be addressed.

Objectives:

- Describe extremity injury evaluation in the wilderness setting.
- Classify stable verses unstable injuries.
- Discuss appropriate splinting.
- Recall techniques for reduction of simple dislocations.
- Formulate an appropriate evacuation plan.

My Two Week Bender – DCS from the Patient's Perspective *(BLS/ALS Track)*
Rick Janik, RN
Juneau, AK

This learning event will take the provider on a tour of Decompression Syndrome (DCS) from the patient 's perspective. The presentation will highlight the symptoms and history leading to the presenter's diagnosis of DCS. A personalized discussion of assessment, treatment and long-term outcome will follow. The learner will appreciate how denial and communication barriers effect treatment. An overview of comfort measures a provider may offer to combat the anxiety and frustration a DCS patient may experience will be presented.

Objectives:
- Describe DCS from the patient perspective (e.g. history, assessment, treatment, symptoms, long term outcome).

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- Relate the role of communication barriers during all phases of treatment.
- Discuss comfort measures for patients receiving hyperbaric treatment.
- Discuss resources available for referral and consultation for diving related emergencies.
- Relate the role of denial in DCS.

Through the Eyes of the Elderly *(BLS/ALS Track)*

Tom Howard, MICP
Nome, AK

The elderly are probably the fastest growing segment of our population and the prehospital provider will be responding to more and more calls for elderly patients. This presentation will be an overview of the aging process and how prehospital providers should interact with the elderly to meet their physical and psychosocial needs.

Objectives:

- Explain and demonstrate the physiology of the aging process as it relates to major body systems and how the elderly compensate to overcome the challenges.
- Identify and demonstrate specific problems with sensations and motor skills experienced by some geriatric patients.
- Discuss effects of drug toxicity and alcoholism in the elderly population.
- Identify characteristics of elder abuse.
- Discuss ethical, moral and legal treatment of the elderly by their family members.
- Identify factors that contribute to environmental emergencies.

Quality Improvement, to Get Better, Not Punish *(Management Track)*

Jeanne O'Brien, RN, NREMT-P
Tacoma, WA

These two words alone raise the hair on the back of the necks of prehospital providers whose first thought is "trouble". Will I be disciplined if someone reads my charting and it's not perfect? Get a better picture of how Quality Improvement doesn't have to punish but educate. EMS providers are human just like the rest of the world. The key is not to make the same mistake twice.

Objectives:

- Describe effective methods to perform QI.
- Identify ways to introduce a QI program to field personnel.
- Discuss how to achieve the goal of improved care.

Assessing Suicidal Risk *(Clinical/Injury Prevention Track)*

Robert Weldy, PhD
Kodaik, AK

Suicide is an increasing problem in Alaska, especially with our rural youth. Early recognition and treatment can save many more children and adults. This presentation will discuss how to identify and assess the child or adult who is at risk of suicide and interventions that can be done in the field and emergency room.

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Objectives:

- Identify and discuss potential key elements of suicide for early recognition by family and friends.
- Discuss the effects of suicide on the family and community.
- Identify characteristics of behavioral and psychiatric illness.
- Discuss ethical, moral and legal treatment of the person that threatens suicide.
- Explain prehospital management techniques for the patient who has threatened or attempted suicide.
- Discuss appropriate interview questions to determine suicidal intent.
- Identify factors that must be considered when assessing suicide risk.

Saturday, November 15, 2003
10:30 am – 12:00 pm

Difficult Airway Considerations *(BLS/ALS Track)*
Rick Janik, RN
Juneau, AK
Rob Janik, MICP
Sitka, AK

his presentation using lecture, discussion and case studies will help prepare the participant to predict a difficult airway and manage a difficult and or failed airway. Assessment concepts, systemized approach, and tools that may or should be used are the emphasis of this presentation.

Objectives:

- Differentiate between the difficult and the failed airway.
- List anatomic factors that may predict a difficult airway.
- Utilize the LEMON law to assess a patient's airway.
- Apply the failed airway algorithm.
- Describe tools that may be useful in managing difficult and or failed airways.

Just Another Drunk *(BLS/ALS Track)*
Dennis Edgerly, NREMT-P
Denver, CO

This class looks at patients who have not been treated or mistreated based on the preconceived assumption of being 'Just another drunk.'

Objectives:

- Identify the causes of altered level of consciousness.
- Discuss the effects of alcohol on the body's ability to compensate for shock.
- Discuss the relationship between alcohol and closed head injuries.
- Compare and contrast epidural vs. subdural bleeds.
- Discuss assessment techniques.

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The Six Major Nastiest Biologics *(BLS/ALS Track)*

Jeanne O'Brien, RN, NREMT-P
Tacoma, WA

It's not just Hepatitis B and C and HIV any longer. Now we have to worry about bigger fish in the sea. Learn some basics about potential biologic weapons effects and get an understanding about the pathophysiology of Anthrax, Botulism, Salmonella, Pneumonic Plague, Tularemia, Ebola and worst of all, Small Pox.

- Describe potential biologic weapons.
- Discuss pros and cons of small pox immunization.
- Identify which biologics must have direct exposure vs. spreading disease from person to person.

S.T.A.R.T./JumpSTART Triage *(BLS/ALS Track)*

Sue Hecks, EMT-III
Seldovia, AK

Very few responders have been involved in a Mass Casualty Incident or been the designated Triage Officer at an MCI. The START - Simple Triage and Rapid Treatment for adults and JumpSTART - pediatric triage for children ages 1-8 methods were developed to simplify the triage process for responders and decrease the emotional impact of triaging children. The State of Alaska has now adopted the START Triage method, developed in Newport Beach California, for use statewide. In this course, you will learn what to do when first arriving at an MCI; understand triage categories; be able to triage an adult patient in 60 seconds or less using the RPM / 30-2-Can Do criteria; be able to triage a pediatric patient in 1.5 minutes or less using the JumpSTART criteria and learn how to integrate these methods and put it all together in an interactive format.

Objectives:

- Describe what to do when first arriving at a multi-casualty incident involving adults and children.
- List and discuss the four triage categories.
- Develop the ability to triage an injured adult in less than one (1) minute.
- Develop the ability to triage an injured child in less than 1.5 minutes.
- Identify the differences between START and JumpSTART.
- Discuss how to integrate JumpSTART with START.
- Describe how to utilize patients with minor injuries to assist with basic first-aid.
- Describe how to use the START Triage kits provided by CHEMS.

SEADOGS *(Injury Prevention Track)*

Bruce Bowler
Juneau, AK

SEADOGS – Southeast Alaska Dogs Organized for Ground Search. This specialized team is very active and involved with many search and rescue missions across Alaska. This presentation will discuss how the dogs are trained and used in searches and how you can help them in their work.

Objectives:

- Identify items and clothing needed when preparing for back-country travel.
- List the steps necessary to alert appropriate rescue agencies.

All presentations will be held at the Egan Convention Center. See schedule in the back of the program for room assignments.

- Discuss how you can assist searchers in locating the lost party.
- Describe the process a rescue dog goes through when searching.
- Identify Preventative Search and Rescue (PSAR) tools for reducing outdoor injuries.

Saturday, November 15, 2003
1:30 pm – 3:00 pm

12 Lead EKGs for Dummies *(BLS/ALS Track)*
Tom Howard, MICP
Nome, AK

The capability to do 12 Lead EKGs in the prehospital environment today is far more common than in the past. Interpreting the EKG does take some skill and practice. This presentation will provide an overview of the 12 lead EKG and discuss some of the more common and significant findings.

Objectives:

- Explain and identify all leads in the 12 lead format.
- Identify specific problems with the ST segment.
- Discuss effects of drug therapy when given with certain dysrhythmias.
- Identify Bi-fasicular hemi-blocks.
- Identify and discuss axis deviation and how it relates to QRS complexes in lead 1, 2, and 3.
- Identify the specific views from each lead in and EKG.
- Demonstrate proper placement of the 12 lead.

Medic Madness *(BLS/ALS Track)*
Valerie DeFrance, MICP (Host)
Hope, AK

This lively session will involve audience participation with teams answering medically-related questions for prizes. So come and test your knowledge as well as learn new things in a fun, stress-free format. In addition, you will improve your skill at differentiating sex, regardless of appearance, by correctly identifying the show's host and assistant.

Objectives:

- Review your knowledge in a wide variety of EMS subjects by observing game players in a quest for answers.
- Develop problem resolution and critical thinking utilizing teamwork to seek answers to medical questions.
- Assess how game show formats can be used in the classroom or in study groups.

All presentations will be held at the Egan Convention Center. See schedule in the back of the program for room assignments.

Clinical Track

Thursday, Nov. 13, 2003
8:30 AM – 10:00 AM

Head Injury Guidelines
Frank Sacco, MD
Anchorage, AK

In February 2003 a group of physicians from around Alaska gathered in Anchorage to develop *Guidelines for the Management of Head Injuries in Remote and Rural Alaska.* The purpose of the guidelines was to assist remote and rural healthcare providers in identifying when it is appropriate to keep head injured patients and observe for changes and when transport to Anchorage for CT and neurosurgery consult is necessary. As the facilitator for the meeting, Dr. Sacco will review the new guidelines and discuss some of the important considerations.

Objectives:

- Discuss the criteria for each of the levels of head injury, i.e. minimal, mild, moderate, and severe.
- Identify when it is necessary to transport a head injured patient to Anchorage versus observing in a small rural hospital.

10:30 AM – 12:00 AM

EMS and Public Health – Brave New World, or Worlds Apart?
Norm Dinerman, MD
Bangor, ME

The synergy to be achieved by amalgamating the talents of EMS and Public Health personnel has been brought into bold relief with the emphasis on emergency preparedness, specifically weapons of mass destruction. Even before the tragedy of 9/11 however, EMS and Public Health professionals were identifying themselves as strategic partners. Each possessed impressive talents, training and a deep-seated commitment and articulated mission to maintain and improve the well-being and health of the populace. Despite the obvious advantages of partnering, the providers in each specialty have faced challenges in adapting to the perspective, language, temperament and academic foundations of each other. Each specialty has evolved dramatically in the past few years, each inextricably intertwined with the other. This talk will focus on the burgeoning opportunities to provide ever more sophisticated health care, with emergency medicine as an integrating entity;

Objectives:

- Discuss the behavior of each specialty predicated on a review of its history, perspective, academic foundation, alliances and mission.
- Identify the opportunities which accrue from an ever more intertwined relationship between EMS and Public Health.
- Identify the role of the emergency dept. and emergency medicine as a key integrating force.
- Identify projects and initiatives which illustrate the partnership.
- Identify the barriers, hurdles and challenges to achieving synergy between these two health care specialties.

All presentations will be held at the Egan Convention Center. See schedule in the back of the program for room assignments.

1:30 PM – 3:00 PM

Crush Injuries

William Mills, MD
Seattle, WA

Crush injuries are by definition high-energy injuries. Crush injuries involving the pelvis can be associated with significant hemorrhage, both from the pelvic injury itself and commonly associated injuries to the chest and abdomen. These may therefore be life-threatening injures. Crush injuries to the upper and lower extremities are frequently associated with severe soft tissue injury or loss, open or closed degloving injuries, open fractures and injuries to other organ systems. Compartmental syndromes are common, but frequently muscle injury occurs acutely, and fasciotomies, while possibly preventing further muscle injury, cannot prevent necrosis. Infection, both acute and chronic, is a constant threat to limb viability. Provisional pelvic stabilization with a circumferential sheet, splint or external fixator can decrease pelvic volume and blood loss. Open wounds and fractures benefit from, irrigation, splinting, intravenous antibiotics, tetanus prophylaxis and rapid surgical treatment. Severe crush injuries frequently lead to amputation. Multiple surgical procedures for irrigation and debridement, fracture stabilization, and soft tissue coverage of crushed limbs are the rule rather than the exception.

Objectives:

- Discuss the field treatment of a patient with an unstable pelvic ring injury.
- Recognize the types of pelvic fractures associated with hemodynamic instability.
- Discuss the field and emergency room management of open wounds and fractures.
- Recognize and treat the systemic complications of crush injuries.
- Discuss the role for limb salvage and amputation for these injuries.

3:30 PM – 5:00 PM

Keep Cool but Don't Freeze

Ken Zafren, MD
Anchorage, AK

This talk will cover the new State of Alaska Cold Injury and Cold Water Near Drowning Guidelines. These guidelines cover the treatment of hypothermia, cold water near drowning, frostbite and a new section on avalanche rescue. I will emphasize changes from the previous guidelines. The focus will be on hospital treatment, but the talk will also provide an overview of field treatment, with the goal of providing continuity of care.

Objectives:

- Discuss the principles of diagnosing and treating patients with hypothermia and other cold injuries.
- Identify the rationale behind the changes from previous recommendations.
- Describe how prehospital and hospital providers can work together to optimize care of patients with hypothermia and other cold injuries.

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Friday, Nov. 14, 2003

8:30 AM – 10:00 AM

"Toxic Foraging – The Truth about Mushrooms and Did Botulism Doom the Franklin Expedition?"

Zane Horowitz, MD
Oregon Poison Center
Portland, OR

Dr. Horowitz will present two 45-minute segments during the session titled Toxic Foraging. The first segment will be a discussion and review of mushroom poisonings, the types of toxic mushrooms and their treatment. The second segment will be an historical saga of the Franklin expedition of the 1850s through the Arctic. Science, archeology, toxicology, and exploration all contribute to the possible answer as to what doomed the expedition.

Objectives:

- Describe the types of mushrooms that cause major organ injury.
- Describe the approach to an unknown mushroom ingestion.
- Discuss the evidence for some anecdotal antidotes in the treatment of Amanita Phalloides toxicity.
- Discuss the Franklin expedition and explore the possible causes of the demise of the expedition.

10:30 AM – 12:00 PM

"Is EMS Making A Difference?"

(General Session)
Jeff Dyar
National Fire Academy, MD

Each year billions of dollars are spent on rehabilitation and emergency treatment of trauma victims. The expectations of EMS are focused on crisis response and emergency care. This session will explore injury prevention that can be practiced by EMS, that will improve lives and save money. This session will explore this new frontier for EMS.

Objectives:

- Recognize the difference between crisis management and prevention.
- Identify the 3 leading causes of death in the under 45 population.
- Recognize the high costs of rehabilitation.
- Identify preventive measure that can be utilized in EMS injury prevention.

1:30 PM – 3:00 PM

Current Concepts in Soft Tissue Cold Injuries

William Wennen, MD
Fairbanks, AK

This will be a didactic presentation of the various types of freeze injuries complete with visual aids. The presentation will include categorization of such injuries, mechanisms of injury, immediate presentation, current and historical methods of treatment and both short term and long term sequellae. In addition, there will be a discussion on the mitigating factors that can affect the ultimate outcome, current research findings, and current controversy of therapy.

All presentations will be held at the Egan Convention Center. See schedule in the back of the program for room assignments.

Objectives:

- Identify the different types of freeze injuries.
- Describe evaluation on initial presentation.
- Discuss the "Dos and Don'ts" of initial field management.
- Describe the mitigating factors that can adversely affect ultimate outcome and how to be alert for these factors.
- Discuss interesting historical perspectives.
- Discuss the current controversy of therapy.

3:30 PM – 5:00 PM

Emergency Management of Burn Injuries

William Wennen, MD
Fairbanks, AK

A variety of burn injuries will be presented both in didactic form as well as visual. This will range from acute thermal burns to electrical, chemical and radiation injuries. Emergency field management along with more lengthy care instructions in case transport to a burn care facility is delayed. Since the major burn injury does not just involve the skin but will eventually involve all major organ systems the results and physiology of this phenomenon will be discussed and recommendations made to help minimize these consequences. Early recognition, evaluation, and emergency intervention will be stressed. This presentation is not designed to provide the basic first-aid textbook simplified approach to small or insignificant burns. This will be an intense and in-depth course in burn diagnosis and care. It is recommended that the attendee not plan to take extensive notes during the presentation, but rather pay close attention so as not to lose the train of events and some potentially very important information.
Please note: This is not a course for the faint of heart as actual photographs of real burn victims and their injuries will be shown.

Objectives:

- Discuss the significance of mechanism of injury.
- Describe the extent of injury and consequent physiology.
- Describe rapid diagnosis of degrees and extent of injury.
- Discuss mechanisms of field institution of resuscitation and its impact on intra-hospital outcomes.
- Identify potential complications and how to avoid them.
- List the criteria for transfer and admission to a burn center.
- Discuss the evaluation for other illnesses or injuries.
- Describe packaging for transport.

Saturday, Nov. 15, 2003

8:30 AM – 10:00 AM

Assessing Suicidal Risk

Robert Weldy, PhD
Kodiak, AK

Suicide is an increasing problem in Alaska, especially with our rural youth. Early recognition and treatment can save many more children and adults. This presentation will discuss how to identify and

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assess the child or adult who is at risk of suicide and interventions that can be done in the field and emergency room.

Objectives:

- Identify and discuss potential key elements of suicide for early recognition by family and friends.
- Discuss the effects of suicide on the family and community.
- Identify characteristics of behavioral and psychiatric illness.
- Discuss ethical, moral and legal treatment of the person that threatens suicide.
- Explain prehospital management techniques for the patient who has threatened or attempted suicide.
- Discuss appropriate interview questions to determine suicidal intent.
- Identify factors that must be considered when assessing suicide risk.

10:30 AM – 12:00 PM

The Asthmatic That Doesn't Improve

BJ Coopes, MD
Anchorage, AK

This talk will discuss the asthmatic that presents to the emergency department in acute distress. During this presentation you will learn how to appropriately assess and treat the severely ill asthmatic patient.

Objectives:

- Describe how to assess the severely ill pediatric asthma patient.
- Discuss the approach to treating the pediatric asthma patient.
- List and discuss the phases of pediatric asthma resuscitation.

1:30 PM – 3:00 PM

Sudden Cardiac Death

Maggie Barnett, FNP
Anchorage, AK

Sudden Cardiac Death is most often seen in people over the age of 60 and in a person who may or may not have known cardiac disease. Our job as healthcare providers is to educate our patients on a healthy lifestyle, screen for risk factors and appropriate further testing where risk factors exist.

Objectives:

- Identify signs and symptoms noting women often present with atypical complaints.
- Discuss likely causes for sudden cardiac arrest in different age groups.
- List some prevention strategies.

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